



2022

2024

Training Brochure

VA Boston Psychology Postdoctoral
Fellowship Training Program



VA BOSTON HEALTH CARE SYSTEM

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*Clinical Neuropsychology Fellowship
Edition*

VA Boston Healthcare System

Greetings!



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Welcome to the VA Boston Psychology Postdoctoral Fellowship Training Program!

The structure of the VA Boston Psychology Postdoctoral Fellowship Program follows a multiple practice format as defined by APA. The Fellowship Program is organized into two separate areas:

1. the specialty practice area of Clinical Neuropsychology, and
2. the substantive traditional practice area of Clinical Psychology.

This brochure describes the training opportunities available in the Clinical Neuropsychology Program. The VA Boston Psychology Postdoctoral Fellowship Program anticipates it will **recruit 2 full-time Fellows in the specialty area of Clinical Neuropsychology**.

VA Boston also has a **Clinical Psychology Training Program**, where we offer training in seven major areas of study. For additional information, please download the Clinical Psychology Training Brochure located on the [Fellowship homepage](#).

Both Training Programs exist within the overarching structure of the Fellowship Program and are independently accredited by [APA](#). Our next Site Visit will be in 2024.

For many in the psychology community, “Boston VA” and “Neuropsychology” go hand in hand. Since the earliest days of the Boston VA, Neuropsychology has held a preeminent place as Harold Goodglass, Ph.D. served as the Chief of Psychology. Through his drive and vision, he fused psychological and neurological science with innovative, boundary expanding assessments and clinical services to neurologically impaired patients. As a natural outgrowth, psychologists were drawn to this new field of clinical neuropsychology and over time, a training program emerged through the talents, wisdom, and dynamic leadership of faculty. Many renowned neuropsychologists have shaped neuropsychology at VA Boston, including Drs. Edith Kaplan, Laird Cermak, Nelson Butters, Howard Gardner, Marlene Oscar Berman, Dean Delis, Edgar Zurif, William Milberg, and Meike Verfaellie. VA Boston has many funded research centers, including the former Harold Goodglass Aphasia Research Center, BU Memory Disorders Research Center (MDRC), and the Translational Research Center for Traumatic Brain Injury and Stress Disorders. Some well-known instruments have had Boston VA faculty involved in their development, including the Boston Naming Test, the Boston Diagnostic Aphasia Examination, the Delis-Kaplan Executive Function System, the California Verbal Learning Test, and revisions to the WAIS and WISC. If you are seeking a career as a Clinical Neuropsychologist as a practitioner, a researcher, or a blend of the two, you will find VA Boston to be an extraordinary teaching environment to achieve your goals.

Broadly speaking, postdoctoral training has shifted considerably over the years; the purpose of postdoctoral training is to gain advanced competency development in either a recognized specialty area of practice (i.e., our accredited Clinical Neuropsychology program) or in a specific focus area (i.e., VA Boston's "Tracks" within our accredited Clinical Psychology program). We strongly believe that formal training at an accredited postdoctoral training program does offer many benefits, particularly for those who aspire to be clinical neuropsychologists. Specifically, formal training builds confidence and professional identity, the development of advanced competence across all domains of practice within Clinical Neuropsychology, and the facilitation of short- and long-term career goals, including licensure and board certification. APPIC's journal, *Training and Education in Professional Psychology*, published a special edition on postdoctoral training in 2018. We include a link here to an article (by Dr. Silberbogen and colleagues) that reviews the purpose of postdoctoral training in the sequence of training, and outlines considerations when making important decisions about postdoctoral training:

https://www.researchgate.net/publication/325207464_Postdoctoral_training_in_health_service_psychology_Current_perspectives_in_an_evolution.

IMPACT OF COVID-19 ON TRAINING

The COVID-19 pandemic has had an unprecedented impact on all aspects of personal and professional life, requiring flexibility, adaptability, and ingenuity. The VA Boston Psychology Postdoctoral Training Program has been successful throughout the pandemic in remaining steadfast in our commitment to providing high-quality clinical care for Veterans and high-quality training to our psychology trainees. Our psychology staff and trainees pivoted quickly in March 2020 to telecare and telesupervision, and supported our trainees in navigating all aspects of providing telecare, including learning new platforms, providing psychotherapy and assessments remotely, setting up home environments to facilitate privacy and functionality, addressing personal challenges (e.g., shared workspaces with partners, child care, long-distance from loved ones) and facilitating community and connection. Dr. Silberbogen and Dr. Grande routinely meet with the class of postdoctoral Fellows to ensure transparency, to address questions, and to problem solve barriers. Despite the number of uncertainties that COVID-19 has brought, our value of providing outstanding training and our skill in implementing this value has been constant.

The clinical experiences listed within this brochure are current, and all training experiences are anticipated to be available during the 2022-2024 training years. At the time of this writing (9/2021), most of our postdoctoral Fellows are on-site 3-5 days per week, in line with their clinical settings, and teleworking the remaining days. Our Fellows are instructed to follow safety procedures consistent with CDC and local facility guidelines, including mandatory screening upon presenting at the

hospital, mandatory masking and PPE requirements, social distancing, cleaning protocols, and hand washing. Additionally, the use of plexiglass barriers (i.e., “sneeze shields”) are available.

In addition to virtual and in-person assessments for our Neuropsychology Consult Service, our trainees have continued to participate and contribute to the clinics and rotations described below including: Geriatrics, Memory Disorders, Seizure/PNES, ALS, Movement Disorders, and Rehabilitation Medicine. Staff have worked to make certain that trainees remain engaged in meaningful neuropsychological activities during this time. In fact, the Memory Disorders rotation came about as a new collaboration between Neuropsychology and Neurology during the pandemic and is a clinical experience we will continue to offer in the future. Neuropsychology trainees have consistently maintained their clinical hours during the pandemic.

Clinical supervision remains consistent with APA accreditation guidelines (minimum of 2.0 hours per week). Supervisors meet with their trainees either in person or virtually by a number of video-based platforms (WebEx, Microsoft Teams). Currently, didactics and team meetings are offered remotely. Given some of the challenges of working remotely, we work to ensure our current class of Fellows is feeling connected with the broader psychology community; community building will remain a high priority.

We anticipate that the 2022-2024 Fellows will continue to engage in some hybrid mix of remote and in-person work, consistent with the demands and requirements of their specific clinical placements. We look forward to describing our modifications during our **virtual interviews** and to address any concerns/and or questions regarding our COVID-19 modifications. VA Boston is confident in its ability to provide high quality training and mentorship to promote the professional development of our Fellows, despite the challenges brought on by COVID-19.

Please note that references to “direct”, “face-to-face” or “in-person” clinical care or supervision, are also inclusive of remote and virtual care during the COVID-19 pandemic. In addition, we have retained references to campus-based locations in this brochure so that applicants are informed of where they would be located for in-person services.

PHILOSOPHY AND MODEL OF TRAINING

The VA Boston Psychology Postdoctoral Fellowship model for training entails four broad, core components. **Training is:**

- 1. Individualized, graduated, and primary:** Training is individualized, such that we aim to build professional identity and

responsibility through involvement in the training process. In other words, we ask that Fellows collaborate with their faculty mentors and supervisors to develop a training plan that meets their specific training and career goals based on a needs assessment and discussions with faculty. Training is structured around those specific goals and increases in complexity and responsibility over the course of the training year. Service delivery is the means by which training, and enrichment occur; however, ***service delivery is secondary to the broader mission of training.***

2. ***Based on a scientist-practitioner model:*** We employ and model a scientist-practitioner approach to clinical neuropsychology, wherein empirically supported knowledge informs neuropsychological assessment and intervention, and wherein questions arising from clinical practice drives research endeavors. Training involves empirically supported treatments and assessment methods and ensures that Fellows utilize critical thinking skills to develop their own clinical research questions and/or program development/evaluation projects. This goal is greatly facilitated by the rich and diverse clinical research setting offered by the training sites. VA Boston is home to numerous National Research Centers and Centers of Excellence, with over thirty federally funded grants in the field of Mental Health and Substance Abuse. This wealth of research resources creates an atmosphere that embodies the scientist-practitioner model.
3. ***Sensitive to individual differences:*** We work to identify, respect, and nurture the unique personal attributes that the Fellow brings. The training environment is supportive and guided through close collaboration with supervising faculty. Our training program is sensitive to individual differences and diversity and values the enriched educational environment that occurs within a diverse group of trainees and staff. Training involves self-awareness related to cultural factors, as well as appreciating those social and cultural factors that influence patient centered care. For the ways in which VA Boston attends to and addresses individual “lived” differences in our trainees and patients, please see our “Diversity and Inclusion” section. This section describes additional program and service wide resources.
4. ***Collaborative:*** We utilize a “junior colleague” model of training. Our commitment to the Fellows’ professional growth and scholastic development is conveyed in a supportive training atmosphere emphasizing individual strengths. Our major resource in this endeavor is the significant investment of enthusiasm, energy, and time of our training staff, including psychologists and non-psychology supervisors. Fellows are challenged to think critically, and constructive criticism is offered

in a non-threatening manner to encourage the Fellow's full participation in all endeavors, scientific and clinical. We provide training in multidisciplinary and interdisciplinary care environments in which the Fellow develops confidence as a local mental health expert who collaborates effectively with a range of providers in the context of a large medical system. Fellows will learn to work effectively with a variety of other disciplines, as well as collaborate with other mental health practitioners in clinical and research domains.

ORIENTATION TO THE FELLOWSHIP

All Fellows in the Clinical Neuropsychology Training Program are supported from Sunday, August 14, 2022 through Saturday, August 12, 2024. The Orientation to the Fellowship begins on Monday August 15, 2022. The organization of the Fellowship Program provides Fellows access to different populations and an opportunity to assume a variety of roles. The Fellowship includes clinical, research, and educational components, described below.

TEACHING METHODS

Supervised Service Delivery in direct contact with service recipients. Year 1 Neuropsychology Fellows will spend a minimum of 25% (10 hours) of their week engaged in direct, face-to-face clinical care. As appropriate for training, face-to-face patient encounters are but one component of service delivery, and delivery of patient care is secondary to the educational mission of the training. In addition, there are numerous activities that the Fellow will engage in that are in support of face-to-face clinical care. The combination of face-to-face clinical care and all supportive clinical functions (e.g., consultation with other providers, report writing, medical record review, supervision, and provision of supervision) will comprise approximately 75% of a Fellows' training.

The primary training method for Year 2 Neuropsychology Fellows is also supervised service delivery in direct contact with service recipients. However, as appropriate for neuropsychology education and training, and depending on the specific goals of the Fellow, Year 2 may allow for additional research time. During Year 2, Neuropsychology Fellows will spend a minimum of 60% of their time engaged in supervised service delivery (a minimum of 6 face-to-face hours per week and a minimum of 18 hours in supportive clinical functions, as described above).

Supervision: Fellows receive at least two hours of individual, face-to-face, scheduled supervision with a licensed psychologist who has expertise in the activities being supervised. Fellows may also receive group

supervision, with a maximum of three trainees. Fellows receive supervision from a minimum of two licensed psychologists during the training year, one of whom is identified as the “primary” mentor. A minimum of 2.5 hours of supervision per week (individual supervision comprising at least two hours) is required throughout the training year.

Other Structured Learning Activities: Fellows participate in a minimum of 1.5 additional hours of other structured learning activities, including program-wide and track specific didactics, team meetings, rounds, and case conferences. On average, Fellows participate in approximately 2 – 4 hours of other structured learning activities.

Scholarly Mentorship: While the primary focus of the fellowship training program is the development of clinical skills, we provide an array of clinical research and other scholarly inquiry opportunities. All fellows will select a research mentor who will supervise these activities. First year Clinical Neuropsychology Fellows are expected to have a minimum of four (4) hours of protected time within their regular schedules to be devoted to research and scholarly activities. These four hours are seen as a base, but fellows can avail themselves of research opportunities beyond these dedicated hours (up to 10 hours per week) through discussion with their supervisors and research mentor. Second year Neuropsychology Fellows may increase their protected research time (up to 14 hours per week) if this is consistent with their training plan and outlined goals. Fellows may collaborate with faculty on ongoing research or a program evaluation project, participate in research lab meetings and other team collaborations, or design and implement an independent research project under the mentorship of a faculty member. Activities may include reading and literature searches, consulting on and participating in some of the daily tasks of data collection and coding, data entry, and data analysis, as well as developing posters or presentations, and manuscript presentation. Fellows are encouraged to present their work in local, regional, and/or national educational settings, or submit work for publication as appropriate. Additionally, Fellows present their research progress during Fellowship wide didactics towards the end of their training year.

Didactic Seminars:

All Fellows attend a biweekly seminar chaired by David Topor, Ph.D., Curriculum Coordinator, during Year 1 with their Clinical Psychology Fellow colleagues. Year 2 Fellows may opt to attend the program wide didactics, though it is not required.

During didactics, we develop a sense of professional community and peer support during Fellowship. Topics are scheduled based on a Needs Assessment completed by Fellows at the start of their training. Speakers are invited to present didactics on professional development issues, leadership, ethics, supervision, diversity and ethnicity, and professional

identity. Several didactics that are directed at teaching specific evidenced based psychotherapy are shared with clinical psychology interns.

In addition to program wide didactics, many elective seminars are announced throughout the training year. Risa Weisberg, Ph.D., and Erika Wolf, Ph.D., coordinate a weekly Grant Writing Seminar throughout the training year. Additionally, Fellows are invited to attend the one-hour bimonthly Research Fellows' seminar series developed by Daniel Lee, Ph.D. (e.g., Grant Mechanisms, Understanding VA Funding, Transitioning out of the Role of a Fellow).

Finally, Fellows are expected to attend the Psychology Service's annual Psychology Education Day (a training day for staff and trainees geared toward particular themes). Recent themes for past Training Days included interprofessional training, positive psychology, DSM-V, ethics, mentorship and supervision issues, multicultural issues in clinical treatment, patient advocacy, and returning veterans.

Neuropsychology specific didactics are described in greater detail below.

Non-evaluative Mentor:

Each Fellow selects a Non-Evaluative Mentor (NEM) from among faculty members, who will serve as a year-long mentor for the trainee (second year Neuropsychology Fellows are encouraged to either maintain the same NEM from their Year 1 experience or connect with a new NEM). The NEM may represent an area of particular clinical or research interest for the trainee or may be a psychologist whose background or other qualities (e.g., ability to speak to balancing career and family life, including being a parent or caring for ill/elderly family members) is of relevance. The NEM may be linked to the trainee's training experiences but cannot be a direct supervisor or evaluator of the trainee. The NEM provides counsel and is meant to assist the trainee in the overall coordination of their training experiences throughout the year. Examples of areas that might be discussed during meetings could include issues related to professional development, identity development, career trajectory/choices, work/life balance, and postdoctoral applications/decision making, among others.

THE FELLOWSHIP TRAINING PROGRAMS OF VA BOSTON

CLINICAL NEUROPSYCHOLOGY TRAINING PROGRAM



The Clinical Neuropsychology Training Program is independently accredited by APA but functions within the structure and administration of the VA Boston Psychology Postdoctoral Fellowship Program. Laura Grande, Ph.D., ABPP/cn is the Director of the Clinical Neuropsychology Postdoctoral Fellowship Program and Susan McGlynn, Ph.D., ABPP/cn is the Associate Director. While not the focus of this Training Brochure, please note that the separate Clinical Psychology Training Program provides opportunities for training in eight areas of emphasis. These include: Addiction Recovery, Behavioral Medicine, Geropsychology, Interprofessional General Mental Health, LGBT Health Care, Posttraumatic Stress Disorder, and Post-Deployment Readjustment and Trauma Related Disorders.

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Training Locations:

Jamaica Plain Campus, West Roxbury Campus, and Brockton Campus

Number of Fellows:

Two full-time Fellows are admitted each year.

Program Aims

The aim of the VA Boston Psychology Clinical Neuropsychology Fellowship Program is to train clinical neuropsychologists who meet advanced practice competencies (see below) in the specialty practice area of clinical neuropsychology and who can function effectively as professional neuropsychologists in a broad range of roles and settings, including clinical services, research, and education.

The structure of the VA Boston Psychology Clinical Neuropsychology Fellowship Program fosters development across competencies consistent with the specialty area of Neuropsychology. The program adheres to the Houston Conference standards (*Archives of Clinical Neuropsychology*, 1998, 13, 160-166) for specialty training in clinical neuropsychology, as described by Division 40 of the American Psychological Association (APA), and meets requirements for board certification, as specified by the American Board of Clinical Neuropsychology.

All programmatic guidelines are met by our program, including:

- The presence of a board-certified neuropsychologists and other professional psychologists on staff;
- Two years of full-time training;
- Provision of training at formally affiliated and geographically proximate training sites with on-site supervision;
- Access to clinical services and training programs in allied health and medical specialties;
- Interactions with other fellows in clinical neuropsychology as well as other specialties;
- Spending significant time in clinical services, research, and educational activities as appropriate to the individual fellow's training needs.

All specific content areas identified in the Houston Conference Guidelines are met by our program. Below are the Core Competencies to be developed through a structured, coherent, and integrated training experience that is graded, sequential and cumulative, and are inclusive of Level 1 Competencies (Advanced Competencies Required of all Programs at the Postdoctoral Level) and Level 3 Competencies (competencies specific to the specialty practice area of Clinical Neuropsychology).

1. **Science and Practice/Research:** Fellows will demonstrate the ability to critically evaluate and disseminate brain-behavior research or other scholarly activities at the local (including host institution), regional, or national level. Fellows will demonstrate the ability to think critically about existing neuropsychological literature and apply scientific knowledge to the clinical practice of neuropsychology, as well as allow clinical practice to inform research questions. Fellows will develop skills in critical thinking, curiosity, and hypothesis testing and will play an active role in developing their own research and/or program development and evaluation goals. Neuropsychology Fellows are required to contribute to broader neuropsychological research through one or more of the following: submission or publication of a first-author publication, presentation at a conference, a review paper, or as a principal investigator on a submitted research grant. Fellows meet with mentors on a regular basis to develop a plan for their research productivity, particularly during Year 2 when they have may elect to have additional time (up to 35%) devoted to research. Fellows will also receive supervision through relationships with research mentors on legal and ethical safeguards required by VA, APA, and IRB.
2. **Ethical and Legal Standards:** Fellows will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence in accordance with the APA *Ethical Principles of Psychologists* and *Code of Conduct* and relevant laws, regulations, rules, policies, standards, and guidelines. In addition to the ethical and legal issues that arise in all areas

of training, including confidentiality, legal obligation to warn of danger or report abuse, competency assessments, the right to refuse treatment, assessments of dangerousness, informed consent, and publication credit, Fellows will receive training regarding the ethical issues common within neuropsychology (e.g., test security, dual roles, third-party observers, appropriateness of normative data). Fellows receive supervision and didactic training related to these issues and learn to recognize ethical dilemmas as they arise, apply ethical decision-making processes in order to resolve the dilemmas, and conduct themselves in an ethical manner in all professional activities.

3. ***Individual and Cultural Diversity:*** Fellows will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Fellows will demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. Specific emphasis is placed on assessment of cultural and ethnic minorities, identification of appropriate normative data (if possible), and appreciation of the cultural factors affecting performance on standardized neuropsychological measures. Fellows will demonstrate sensitivity to cultural diversity, including race, ethnicity, religion, country of birth, gender, social class, age, sexual orientation, disability and health status, as well as other individual differences, integrating awareness and sensitivity into all professional roles. Additionally, Fellows will demonstrate a continued willingness to explore one's own cultural background and how this influence one's personal attitudes, beliefs, and biases. Issues related to diversity are discussed during supervision as well as incorporated into all program wide and neuropsychology-specific lectures and didactics.
4. ***Professional Values and Attitudes:*** Fellows are exposed to professional role models who embrace the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Fellows are expected to demonstrate these values as they also engage in self-reflection regarding one's personal and professional functioning, and engage in activities to maintain and improve performance, well-being, and professional effectiveness. Fellows are expected to actively seek and demonstrate openness and responsiveness to feedback and supervision. Fellows will demonstrate an increasing ability to respond professionally in increasingly complex situations with a greater degree of independence and autonomy as they progress through the training years. Fellows will demonstrate maturing professional identities and a sense of themselves as a "Neuropsychologist"
5. ***Communication and Interpersonal Skills:*** Communication and interpersonal skills are the foundations of education, training, and practice in health service psychology. Fellows are expected to develop and maintain effective professional relationships, deal with conflict, negotiate differences, and understand and maintain appropriate professional boundaries with patients, colleagues, supervisors, and other health professionals. Fellows are expected to foster communication, both written and verbal, with other providers and patients in an open manner that promotes understanding of brain and behavior (e.g., use of non-jargon language), and the value and limitations of neuropsychological assessment.
6. ***Assessment:*** Functional skills in assessment, diagnosis, and feedback are critical to the professional practice of clinical neuropsychology. Fellows will develop competence in diagnostic interviewing, and will be able to appropriately evaluate, and conceptualize a broad range of patients, including those with complex presentations and/or comorbidities. Fellows will receive training on the selection and use of evidence-based assessment tools and/or clinical interviews (including consideration of relevant diversity characteristics of the patient) required for Clinical

Neuropsychology, as well as skills related to medical record review, risk assessment, and provision of feedback in a manner that is clear and understandable to the patient. In addition to the use of standardized assessment measures, Fellows will acquire skills in the interpretation of qualitative aspects of test performance, and the appropriate use of non-standardized assessment (e.g., testing the limits). Fellows will develop an advanced understanding of brain-behavior relationships, obtained through clinical work in various clinics and patient populations. Clinical supervision includes discussion of the neuroanatomical regions and networks underlying cognitive, behavioral, sensory, and motor functioning salient for that specific assessment. Journal articles and case studies regarding functional neuroanatomy are discussed. Fellows are expected to interpret and synthesize assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, and to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner.

7. **Intervention:** Fellows will develop advanced case conceptualization skills that draw on theoretical and empirical knowledge of effective interventions with cognitively compromised individuals and formulate effective treatment plans. Fellows will demonstrate skills in implementing interventions that are evidence-based, in individual and group formats, as well as managing risk issues. Treatments will include modification, as needed, for use with cognitively compromised patients who may require additional assistance in understanding/appreciating difficulties or in acquiring new skills. Fellows are expected to choose and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. Treatments should promote use of cognitive strengths as well as strategies for compensating for cognitive difficulties. Fellows will demonstrate the ability to apply the relevant research literature to clinical decision making. Fellows are also expected to develop appropriate treatment goals and plans, evaluate intervention effectiveness, and adapt intervention goals and methods consistent with the ongoing evaluation.
8. **Supervision:** Fellows will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct or simulated practice. Fellows will have the opportunity to provide supervision to more junior neuropsychology trainees by working closely together on several assessments. Fellows will provide specific instruction regarding the clinical interview, selection and administration of appropriate objective measures, test scoring and interpretation, and report generation. Additionally, the fellow will provide supervision regarding the provision of feedback to patients and families. The fellows will demonstrate advanced understanding of the complexity of the supervisor role including ethical, legal, and contextual issues. They will demonstrate an awareness of the current needs of supervised trainees, and on how to provide developmentally appropriate feedback to them. The fellows will receive close supervision and didactics on developing this formative skill, and specific didactics for Neuropsychology Fellows offer frequent opportunity to discuss supervision experiences.
9. **Consultation and Interprofessional Skills:** Fellows will develop advanced competence in the collaboration with other professionals in health service psychology. Fellows function as the neuropsychologist on a team with providers of other specialties within Geriatrics, Inpatient Rehabilitation, Epilepsy/Seizure, and ALS clinics. Fellows receive supervised experiential learning and didactics with these teams and will demonstrate skill in understanding the role of a neuropsychologist and communicating and collaborating with other providers. These clinical experiences are essential for neuropsychologists and comprise a major feature of fellowship training at VABHS. This is demonstrated by contributing to team meetings, case presentations,

being sensitive to and responding appropriately to the needs of other team members and using skills as a neuropsychologist to facilitate team functioning.

Program Overview

The first year of the Clinical Neuropsychology Fellowship Program will focus on general training in advanced skills needed for professional practice in Clinical Neuropsychology. In the second year, the Fellow will have the opportunity to work with faculty to develop a more tailored training plan that best fits their training needs and may request additional training within an area of focus or specialty clinic. This may include a focus in research, a specific clinical interest (e.g., seizure, dementia), or program development/evaluation. Fellows will work with a variety of neuropsychology supervisors during their fellowship. Currently ten (10) neuropsychology faculty members contribute to supervision.

The Fellow will learn to translate referral questions into testable hypotheses that can be addressed on the basis of objective data and information gathered from the interview. Fellows use a flexible battery approach that matches assessment measures to the identified referral question and patient characteristics. Tests drawn from a wide variety of neuropsychology measures are selected based on their psychometric properties, demonstrated validity, and appropriateness of available normative data. Each evaluation simulates application of the scientific method applied at the individual level; hypotheses are identified and tested with objective measures and related to findings based in the empirical literature, thus integrating research with clinical practice.

Our approach to assessment integrates contemporary research and theory from cognitive neuroscience and psychometrics, with classic methods of clinical observation, and thorough medical record review in the service of making rational and empirical clinical predictions about the impact of brain dysfunction on cognition and adaptive behavior. In keeping with the “Boston Process Approach,” in addition to the strong emphasis placed on the development of assessment skills through the use of standardized measures of cognition, Fellows also gain an understanding and appreciation for empirically-demonstrated qualitative aspects of test performance (e.g., error types), and the unique insights these observations offer in understanding brain-behavior relationships. Our training also places a strong emphasis on the importance of providing detailed recommendations for referral sources, the patient and the patient’s family/caregivers. We aim to translate findings of objective cognitive measures into tailored recommendations focused on compensation for deficits and accentuation of strengths. Fellows learn to integrate research literature and psychometric theory to make logical, empirically derived clinical predictions. Additionally, we assist patients and providers in implementing these recommendations, providing evidenced-based psychoeducational interventions, as appropriate.

This fellowship provides experience in several clinical settings, allowing the Fellow to obtain a unique array of training experiences. While the specific clinical settings vary, the underlying goal and training emphasis remains consistent. In each setting, Fellows will be involved in the clinical interview, test administration, data scoring, report writing, patient feedback, and multidisciplinary team consultation/collaboration. Fellows will provide clinical services within most of the settings described below; duration of time dedicated to each clinic/program varies.

Training Components

- **NEUROPSYCHOLOGY CONSULT SERVICE (NCS):** (Jamaica Plain and Brockton campuses) Fellows serve as consultants and provide assessments as part of the neuropsychology consult service at VA Boston Healthcare System. Patients are referred to this service from a variety of sources; referrals typically include traumatic brain injury, dementia, epilepsy/seizure, ADHD, stroke, and cognitive dysfunction secondary to a medical or psychiatric condition. Neuropsychology consults involve a clinical interview, test administration, scoring of test data, test interpretation, written report, and in-person feedback to patients.
- **LONG-TERM EPILEPSY MONITORING UNIT:** (West Roxbury campus) The Fellows will serve as part of the clinical Seizure/Epilepsy interprofessional team. Fellows will conduct assessments with veterans admitted for long-term video EEG monitoring (LTM) and serve as part of the LTM team. They will develop basic skills in understanding EEG, and gain expertise with the impact of repetitive seizures on brain and cognitive dysfunction.
- **GERIATRICS CLINIC (FORMERLY THE GRECC CLINIC):** (Jamaica Plain, Brockton and West Roxbury campuses.) The fellow functions as part of a multidisciplinary team that includes a geriatrician, nurse practitioner, social worker, pharmacist, and geriatric medicine fellows. The neuropsychological assessment of elderly patients, who are often frail as well as physically and cognitively compromised, requires an alternative to the time consuming, multiple hour test batteries often used in clinical assessments. Most assessments in the Geriatrics clinic involve a brief cognitive screen and summary note, with additional testing as needed. If additional testing is completed, the trainee is responsible for participating in the clinical interview, testing, scoring of test data, test interpretation, and written report of the neuropsychological evaluation, as well as feedback to the patient and the team.
- **INPATIENT REHABILITATION:** (West Roxbury campus.) During the 2nd year, Fellows will complete brief neuropsychological evaluations as a team member on the CARF accredited acute inpatient unit through the Physical Medicine and Rehabilitation service. The Fellows complete all aspects of the neuropsychological assessment and become adept in adapting tests when assessing patients with significant physical and cognitive limitations (e.g., hemiplegia, aphasia). In this setting, the Fellows work efficiently to provide same-day feedback to the rehabilitation team during the weekly team meeting (physiatrist, OT/PT/SLP, social worker), with a focus on safety concerns, intervention, and discharge recommendations. Fellows may also interact with, and educate, trainees in other disciplines who observe these brief assessments, and may gain additional information that can assist with case conceptualization.
- **POST-ACUTE ACQUIRED BRAIN INJURY (PAABI) CLINIC:** (Jamaica Plain campus.) Fellows will participate in this bi-monthly interdisciplinary clinic (Social Work, Occupational Therapy, Neuropsychology) offered through Physical Medicine & Rehabilitation to follow up with patients who were previously hospitalized in our acute rehab service to treat persisting physical, cognitive, and social/emotional consequences from stroke, TBI, or other brain injury. During Year 2 of fellowship, the fellow will participate as part of the team to evaluate the patient's functional status, psychosocial needs, and cognitive abilities in order to best serve the ongoing needs of the patient post-acutely. The cognitive assessment will consist of a relatively brief test battery that will allow for comparison to the patient's

prior performance during their acute hospitalization. The fellow will write a report summarizing their findings and conclusions and contribute to the team's recommendations for continued care.

- **AMYOTROPHIC LATERAL SCLEROSIS:** (Jamaica Plain campus.) The Fellows will serve as the part of the ALS clinical team. The Fellow completes a brief neuropsychological assessment and provides the clinic team with test results immediately following the evaluation. A brief report is added to the medical record following clinic. Cases screening positive for significant cognitive impairment may be referred for more extensive assessment. This Year 2 clinical experience provides Fellows with the opportunity to evaluate veterans with varied levels of disease severity and, as such, offers a clinical experience that places considerable emphasis on qualitative assessment and use of non-standardized test administration. The Fellows work closely with the multidisciplinary clinical care team (neurologist, social worker, nutritionist/dietician, occupational therapist, speech pathologist, pharmacist, nurse practitioner/palliative care, nurse, prosthetics manager and neuropsychologist). The Fellow will also have opportunities to shadow other members of the multidisciplinary team.
- **MEMORY DISORDERS CLINIC:** (Jamaica Plain campus.) During Year 1 Fellows will join the Memory Disorders Clinic team clinic where he/she will provide input and work closely with the clinical team to learn about behavioral neurology and clinical management of memory impaired patients. Additionally, Fellows will gain additional exposure to structural and functional neuroimaging techniques often employed in that clinic [e.g., FDG-PET, Florbetapir (18F)-PET, MRI]. Fellows will attend and represent neuropsychology at weekly Case Conference Meetings within the Memory Disorders Clinic. The Fellows present the assessment findings and recommendations for a veteran who is scheduled to be seen that day, while neurology (staff and trainees) present medical and neuroimaging data. Discussion of the salient issues provides the Fellows an opportunity to share essential information regarding the veteran's functioning with the team and allows the Fellows to teach trainees of other disciplines the value in neuropsychological assessments. Veterans are provided with feedback, with specific emphasis on patient and family concerns. Frequent interactions with the Dementia Care Coordinators are typical and provide another opportunity for the Fellows to engage in interprofessional patient care.
- **MOVEMENT DISORDERS:** (Jamaica Plain campus) Fellows will serve as part of the outpatient interdisciplinary Movement Disorders team. Fellows will provide input regarding cognitive functioning associated with a variety of movement disorders (e.g., Parkinson's disease, Huntington's disease; Lewy Body dementia). Fellows may conduct cognitive screening measures, assess mood, and contribute to treatment plan. Fellows will advocate for the role of neuropsychology and assist with education of trainees in other health professions.
- **SEIZURE CLINIC:** (Jamaica Plain campus) Fellows will serve as part of the outpatient Seizure clinical team, providing input regarding cognitive functioning alongside medical students, neurology fellows and EEG technicians. The Fellows will work closely with the attending medical provider and observe neurological examinations, review EEG results, conduct screening measures, and provide input to the team regarding cognitive and emotional/psychological functioning of the patients. During Year 2, the fellow will also serve as the neuropsychologist for the Psychogenic Non-epileptic Seizure (PNES) clinic.
- **PSYCHOEDUCATIONAL GROUPS:** (Jamaica Plain and Brockton campuses.) Fellows will participate in at least one of six 8 to 12-week psychoeducational evidence-based group treatments for veterans. Through these groups, we aim to reduce isolation and stigmatization that is common in patients with seizures, ADHD, stroke, and memory difficulties, while providing psychoeducation, strategies, and support. Current groups include: Memory and Aging, ADHD, Cog Tips, Seizure Support, PNES (see Telemental Health below), and Stroke Support. Each group, while targeting a different patient population, seeks to provide education regarding the identified disorder, detailed instruction and repeated practice of

strategies for managing cognitive difficulties, and a supportive setting to discuss challenges associated with cognitive dysfunction and neurological illness. Emphasis is also placed on helping veterans become advocates for their care and for their goals.

- **INDIVIDUAL TREATMENT:** Fellows will be asked to provide individual psychotherapy/ treatment to veterans with compromised cognitive function and/or neurological illness. Fellows will provide strategies for helping their patients manage both the cognitive and emotional aspects of their deficits. Strategies for compensating for deficits coupled with utilization of cognitive strengths will be highlighted and incorporated using empirically based treatment.

Didactic Seminars for Clinical Psychology Fellows and Neuropsychology Fellows

All first year Fellows attend a biweekly seminar chaired by David Topor, Ph.D., Curriculum Coordinator. During didactics, we develop a sense of professional community and peer support during the Fellowship training year. Topics are scheduled based on a Needs Assessment completed by Fellows at the start of their training. Speakers are invited to present didactics on professional development issues, leadership, ethics, supervision, diversity and ethnicity, and professional identity. Several didactics that are directed at teaching specific evidenced based psychotherapy are shared with clinical psychology interns. Year 1 Neuropsychology Fellows attend fellowship-wide didactics on a biweekly basis; Year 2 Neuropsychology Fellows elect to participate based on interest (as many of the didactics repeat year by year)

In addition to program wide didactics, many elective seminars are announced throughout the training year. Risa Weisberg, Ph.D., and Suzanne Pineles, Ph.D., coordinate a weekly Grant Writing Seminar throughout the training year. Additionally, Fellows are invited to attend the one-hour bimonthly Research Fellows' seminar series developed by Suzanne Pineles, Ph.D. (e.g., Grant Mechanisms, Understanding VA Funding, Transitioning out of the Role of a Fellow).

Finally, Fellows are expected to attend the Psychology Service's annual Psychology Education Day (a training day for staff and trainees geared toward particular themes). Recent themes for past Training Days included interprofessional training, positive psychology, DSM-V, ethics, mentorship and supervision issues, multicultural issues in clinical treatment, patient advocacy, and returning veterans.

Additionally, each clinical program has developed training experiences that are intended to focus on gaining knowledge and skills in emerging areas of specialization. These training experiences include didactic seminars, colloquia, symposia, co-therapy, role modeling, observation, case conferences, rounds, group supervision, and journal clubs. Also, Fellows across the different specialty areas are given the opportunity to attend various seminars conducted in other programs, grand rounds, departmental symposia, etc.

NEUROPSYCHOLOGY DIDACTICS

In addition to participation in a biweekly general seminar attended by first year Fellows, neuropsychology offers a number of specialty specific didactics.

Required Didactics

- **Neuropsychology Seminar:** During Year 2, Fellows help to organize this weekly series with clinical and research presentations by in-house neuropsychology staff, neuropsychology interns and Fellows, and VA neurologists. In addition, brain cutting didactics are offered to review functional neuroanatomy.
- **Neuroimaging and Neuropsychology Lecture Series:** In collaboration with our colleagues at Cambridge Health Alliance, the lecture series includes nationally and internationally renowned speakers presenting on a range of topics in cognitive neuroscience, clinical neuropsychology, and neuroimaging. Recent speakers include: Rus Bauer, Laurence Binder, Corwin Boake, Mark Bondi, Jason Brandt, Deborah Fein, Anthony Giuliano, Matt Grilli, Edmarie Guzman-Velez, David Schretlen,
- **Professional Development:** A monthly series focused on preparation for board certification, supervision of practicum students and interns, and other topics selected by Fellows to promote professional development within neuropsychology.
- **Fact-Finding:** As part of the professional development series, each Fellow will complete three Fact Finding cases. These exercises are modeled after the Fact-Finding portion of the examination for American Board of Professional Psychology – Clinical Neuropsychology specialty (ABPP-CN) to prepare fellows for the ABPP-CN examination process.
- **Neurobehavior/Aphasia Rounds:** A monthly multidisciplinary meeting that provides exposure to classical ‘bed-side’ testing, informal interviewing, and the traditional Boston Process Approach. A volunteer veteran patient with neurological symptoms and compromised neuropsychological functioning is presented and interviewed by a staff discussant. The Fellows participate by presenting background and test data, contributing to the group discussion, and providing feedback with the discussant to the veteran and family.

Additional Optional Lectures/Meetings:

- **The Neuroimaging Research for Veterans Center (NeRve):** is a state-of-the-art neuroimaging center that serves a large community within VABHS. The primary mission of the NeRve Center is to advance the understanding of normative and pathological conditions that impact Veterans’ well-being, with an aim toward improving clinical care and optimizing cognitive and neural health. The NeRve also provides extensive research opportunities for Fellows.
- **Geriatric Capacity and Neuropsychological Assessment Series:** The Geriatric Mental Health Service holds a monthly meeting that includes case presentations, lectures, and discussions related to aging and capacity. The Fellows are invited to attend and may be asked to present a clinical case.
- **Brain Cuttings:** Twice monthly Dr. Bertrand Huber hosts a neuroanatomy and neuropathology series that involves gross brain dissection at the Jamaica Plain campus. This involves a small group of individuals meeting with Dr. Huber in the pathology laboratory. Fellows are welcome to attend all sessions.

Diversity Focus

Clinical Neuropsychology considers various racial, cultural and sociodemographic factors in the clinical assessment of cognitive functions in our Veteran patients. Many of these are essential factors when

considering the Veteran's cognitive functioning. Neuropsychology strives to utilize racially and ethnically appropriate test measures and, whenever possible, conduct clinical assessments in Veterans' native language. Additionally, we utilize normative data that is appropriate to the Veteran's age, education, race, language and gender. When necessary, modifications are made to the standardized administration of test measures (e.g., veterans with hemiplegia or sensory/perceptual deficits). An approach utilizing both quantitative and qualitative data is employed to best capture the Veteran's cognitive functioning. Consideration is also given both to trainee and Veteran cultural and ethnic factors and how these impact examiner/patient interactions, data interpretation and case conceptualization. These issues also play a significant role when discussing how feedback is provided to Veterans and their families/caregivers. Our service also provides weekly Neuropsychology-specific didactics throughout the training year. This series includes trainee presentations of cases and research and trainees are encouraged to include issues of diversity in terms of case selection and information presented.

Research

Fellows have an abundance of funded projects from which to choose that represent diverse aspects of research relevant to neuropsychology (e.g., PTSD, TBI, aging and cerebrovascular risk factors, MCI, memory disorders, delirium, test development). We have a strong group of 15+ research mentors, many of whom have nationally and internationally visible research programs. Available settings include several laboratories and multi-project research centers: VA Center of Excellence - Translational Research Center for TBI and Stress Disorders (TRACTS), Geriatric Neuropsychology Laboratory, Boston Attention and Learning Laboratory, Memory Disorders Research Center (MDRC) and the VA Boston Healthcare System Neuroimaging Center. Ongoing research programs provide Fellows with diverse research experiences (e.g., manuscript preparation, invited chapters, participation in weekly lab meetings/research discussions, one-on-one research mentoring, journal peer reviews, archival data analysis, study design, and grant preparation).

During [Year 1](#), under faculty mentorship, Fellows identify a research project and develop a tailored research plan outlining the specifics and expectations of the fellow's study role. Fellows typically spend 4 hours per week devoted to research activities during the first year of Fellowship. During the second year, more time (up to 14 hours for those choosing a research focus) may be dedicated to research activities. [Year 2](#) requires a tailored/approved research plan that may be a continuation or expansion of the Year 1 project, or a new project. A research product (e.g., grant proposal, submitted manuscript, poster/paper presentation) is to be completed by the conclusion of Year 2 by all Fellows regardless of whether they select a research focus.

Exit Criteria

At the completion of the Fellowship, Fellows are expected to demonstrate the following exit criteria (consistent with Houston Conference Guidelines for specialty practice in Clinical Neuropsychology).

- Development of advanced skill in the neuropsychological evaluation, treatment and consultation with patients and professionals sufficient to practice on an independent basis;
- Development of advanced understanding of brain-behavior relationships;

- Scholarly activity, e.g., submission of a study or literature review for publication, presentation at local or national conferences, submission of a grant proposal or outcome assessment;
- Formal evaluation of competencies I-III. Evaluations assess whether Fellows are progressing towards Advanced Skill across the Specialty and Profession Wide Competencies, including criteria 1-3 above.
- Fulfillment of eligibility for state or provincial licensure or certification for the independent practice of psychology. Fellows are eligible to apply for licensure, depending on individual state requirements. Even if a fellow attains licensure prior to completing their Neuropsychology Fellowship, their status within VABHS does not change (i.e., they will continue to be non-credentialed and all of their work will be under the supervision and license of a credentialed psychologist).
- Fulfillment of eligibility requirements for board certification in clinical neuropsychology by the American Board of Professional Psychology. Fellows are eligible for American Board of Professional Psychology Specialty certification in clinical neuropsychology upon successfully completing the training program.

Faculty

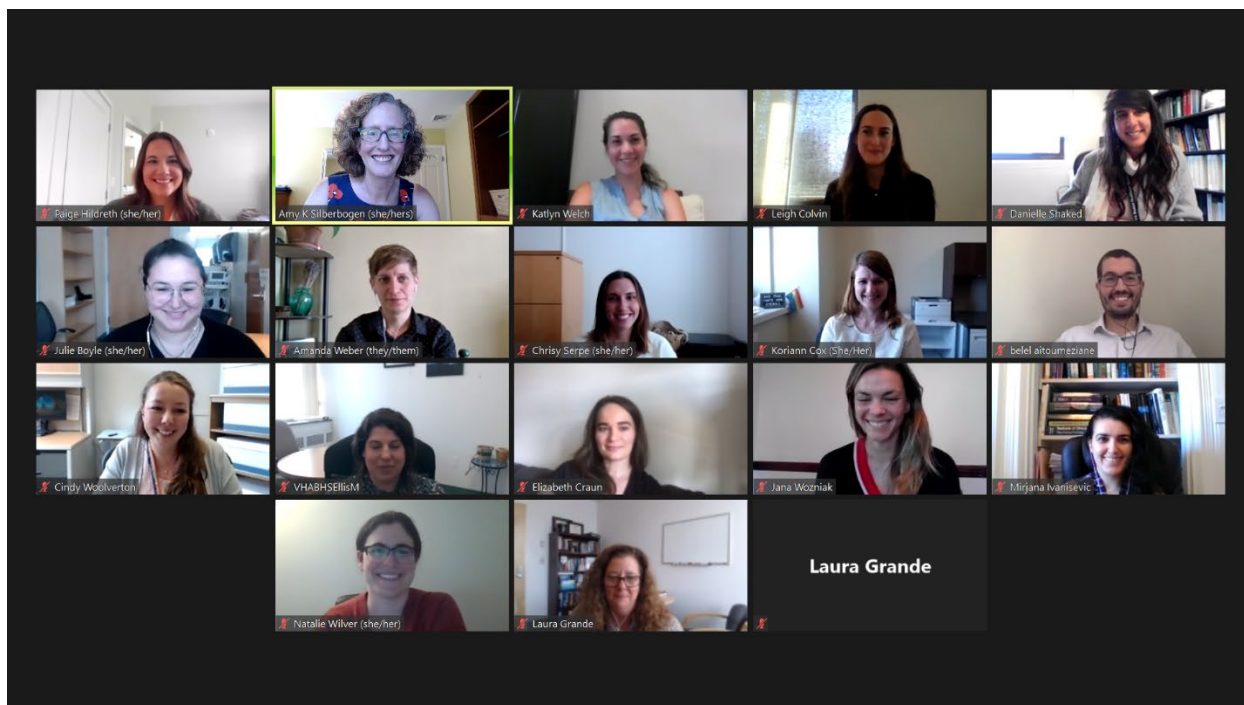
CLINICAL SUPERVISORS:

- Laura Grande, Ph.D., ABPP/cn
- Susan McGlynn, Ph.D., ABPP/cn
- Deepa Acharya, Ph.D., ABPP/cn
- Elizabeth Leritz, Ph.D., ABPP/cn
- David Marra, Ph.D.
- William Milberg, Ph.D., ABPP/cn
- Christopher Brady, Ph.D.
- Cate Fortier, Ph.D.
- Jennifer Vasterling, Ph.D.

RESEARCH SUPERVISORS:

- Regina McGlinchey, Ph.D.
- Melissa Amick, Ph.D.
- Michael Esterman, Ph.D.
- Joseph DeGutis, Ph.D.
- Mieke Verfaellie, Ph.D.

Fellowship Graduation Ceremony – July 29, 2021



Top Row – Paige Hildreth, Psy.D.; Amy Silberbogen, Ph.D., ABPP (Fellowship Director), Katlyn Welch, Ph.D.; Leigh Colvin, Ph.D.; Danielle Shaked, Ph.D.

Second Row – Julia Boyle, Psy.D.; Amanda Weber, Ph.D., Christine Serpe, Ph.D., Koriann Cox, Ph.D., Belel Ait Oumeziane, Ph.D.

Third Row – Cindy Woolverton, Ph.D., Mary Ellis, Psy.D.; Elizabeth Craun, Ph.D., Jana Wozniak, Ph.D., Mirjana Ivanisevic, Ph.D.

Bottom Row – Natalie Wilver, Ph.D.; Laura, Grande, Ph.D., ABPP/cn (Neuropsychology Program Director)

Important Information To Know About Us

PROGRAM WIDE REVIEW AND REMEDIATION PROCEDURES

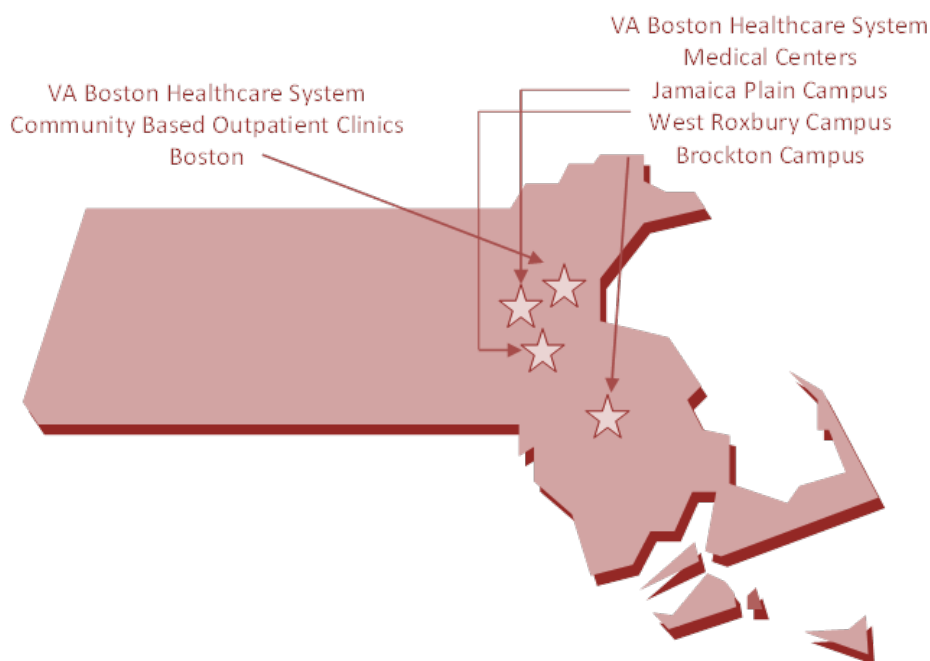
EVALUATION METHODS

Postdoctoral Fellows receive a formal written evaluation of their progress by their primary supervisor a minimum of three times per year. Fellows provide written evaluations of their supervisors on a semi-annual basis. Additionally, each Fellow meets with the Training Director a minimum of three times per year to provide feedback on their experience. Evaluation methods are explained in detail in the Postdoctoral Training Orientation Manual that Fellows receive upon arrival.

DUE PROCESS POLICY

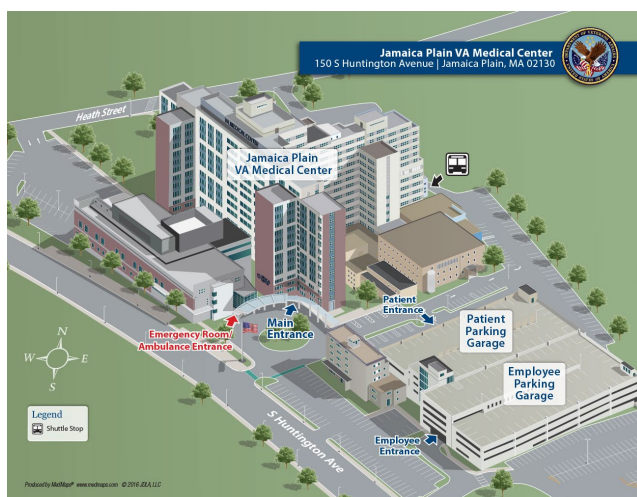
In the event of a grievance around the evaluation process, the Fellowship Program has a due process policy that outlines both remediation procedures and procedures for Fellows to follow if they have a concern about the review process. The Due Process Policy is incorporated within "Remediation Procedures" that are detailed in the Postdoctoral Training Orientation Manual that Fellows receive upon arrival.

TRAINING ENVIRONMENT



The VA Boston Healthcare System encompasses eight campuses within a 40-mile radius of the greater Boston area. The consolidated facility consists of the Jamaica Plain campus, located in Boston's Longwood Medical Community; the West Roxbury campus, located on the Dedham line; and the Brockton campus, located 20 miles south of Boston in the City of Brockton. In addition to the three main medical centers, five Community Based Outpatient Clinics (CBOCs) located in Framingham, Lowell, Quincy, Dorchester, and Causeway Street (Boston) make up the VA Boston Healthcare System (VA BHCS).

JAMAICA PLAIN CAMPUS



The Jamaica Plain Campus offers state-of-the-art ambulatory care and primary care services. The Ambulatory Care Center serves as a hub for tertiary ambulatory services. This center's specialized services include state-of-the-art audiology services, ambulatory day surgery, CAT scanning, MRI, specialized aphasia treatment, an eye center providing argon laser therapy of retino-vascular diseases, CO2 and YAG laser treatment of cancer and Argon and YAG laser treatment of eye diseases, and vitrectomy. A model Veterans Industries/Transitional Living program for patients with Substance Abuse

problems has recently been accredited by the Committee for Accreditation of Rehabilitation Facilities (CARF). Medical services located at this campus also include substance abuse, nuclear medicine, and a Center for Excellence for oncology/hematology, which includes high voltage radiation therapy/linear accelerator. Two National Centers for Posttraumatic Stress Disorder (also named Centers for Excellence) include the Behavioral Science Division and the Women's Health Sciences Division.

Additional programs available at Jamaica Plain are a Comprehensive Women's Health Center and mammography, an Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn program, a Polytrauma Center, and many other special programs to meet gender specific needs as well as other special needs of veterans due to environmental causes such as radiation, Persian Gulf, or Agent Orange exposure. Finally, The Translational Research Center for TBI and Stress Disorders (TRACTS) is a VA Research and Development Center of Excellence mandated to advance the diagnosis and treatment of the commonly co-occurring conditions of PTSD and Mild Traumatic Brain Injury in OEF/OIF Veterans.

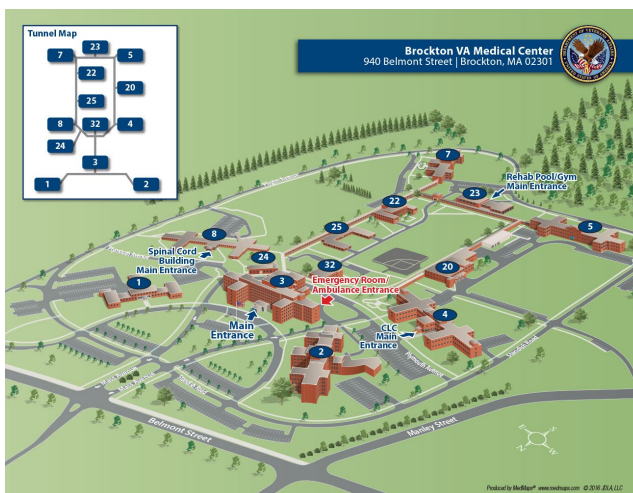
WEST ROXBURY CAMPUS



The West Roxbury Campus serves as the tertiary inpatient medical center for the VA Boston Healthcare System and the other VA medical centers in the region. Recently named a Center for Excellence in Cardiac Surgery this facility offers cardiac catheterization, CCU, and a renowned Open Heart Surgery Program. The West Roxbury campus also has a nationally recognized acute Spinal Cord Injury program, and is one of few VA facilities that have a CARF-accredited acute medical rehabilitation program and spinal cord injury program, supported by a swimming pool that is located in the hospital proper. This campus supports an

interventional cardiology program with electrophysiology. In addition, West Roxbury serves as the referral center for intensive inpatient surgery and provides such unique and high-risk surgeries as, vascular surgery, specialized general and cancer related surgery, orthopedics, hand and joint replacement surgery, neurosurgery, plastic surgery, and urology. The spinal cord injury program operates within a "hub and spokes" model for the Northeast VA region to provide consistent care excellence. West Roxbury maintains a 24-hour emergency department.

BROCKTON CAMPUS



The Brockton Campus offers veterans a wide range of health care options including comprehensive primary care, outpatient mental health services (including specialized geriatric mental health, PTSD, substance abuse, and psychosocial rehabilitation services), inpatient psychiatry (including acute, transitional, and intensive substance abuse care), and long-term care. Long term care services include the Community Living Center (nursing home and rehabilitation care) and a chronic Spinal Cord Injury (SCI) unit. A Center for Excellence in Health Care for Homeless Veterans, this campus houses a 60 bed Domiciliary for Homeless Veterans. Also available in Brockton is an inpatient psychiatric unit for

women, one of only four such units available in the entire VA system. This unit, in conjunction with an outpatient Women's Health Center, offers women veterans a complete spectrum of health care services. Both the Homeless Veterans program and the Women's Program are regional referral centers for veterans throughout New England. The Chronic Spinal Cord Injury Unit offers specialized programs and respite care for veterans with spinal cord injuries and disabilities. The Community Living Center similarly offers respite care programs to veterans throughout New England.

DIVERSITY AND INCLUSION

- **VA BOSTON PSYCHOLOGY SERVICE COMMITTEE ON DIVERSITY AND INCLUSION**

The VA Boston Psychology Service Committee on Diversity and Inclusion was developed in 2006 by staff and trainees devoted to increased focus on diversity and inclusion. The mission of this committee is to promote sensitivity toward, and respect for, all individuals from diverse backgrounds in the VA Boston Psychology Service by pursuing the following activities: provide a voice for all departmental trainees, staff, and faculty; promote professional growth opportunities for research and clinical practice; promote the expansion of the psychology service to include more diverse members; provide a forum to discuss diversity and inclusion; advocate for expanding the focus on diversity and inclusion; and provide educational resources and opportunities related to diversity and inclusion. The committee is involved with multiple projects related to this mission, and the involvement of trainees is valued highly since they provide a unique perspective on training. The committee meets monthly via teleconference so that staff and trainees from all campuses can attend. For more information, please contact the current committee co-Chairs, Colleen Sloan, Ph.D. and Scott Litwack, Ph.D. at colleen.sloan2@va.gov and scott.litwack@va.gov.

- **MENTAL HEALTH MULTICULTURAL CONSULTATION TEAM**

The Psychology Service Committee on Diversity and Inclusion began developing the Multicultural Consultation Team in Fall 2019 in an effort to provide a dedicated space for peer-led education and consultation on best practices for honoring and responding to diverse identities of Veterans in clinical care. We consulted with similar teams at peer institutions and conducted a needs assessment among the broader Mental Health Service at VA Boston in Spring 2020. This initial assessment revealed tremendous interest and support for such a team.

Nearly 100 providers attended the team's first formal meeting in August 2020, where we presented a didactic on responding to racist and intolerant statements in clinical settings. Monthly meetings will include both smaller gatherings for case consultation and large meetings for additional didactic presentations. The team's mission and values statements are below. Trainees have played an important role in the development of this team. We welcome all trainees in our collective efforts to grow as clinicians and provide responsive, affirming mental health care.

Mission

To support providers' efforts to give mental health care that meaningfully acknowledges and responds to the diverse backgrounds and identities of all VA Boston patients.

Values

- We are all lifelong learners in this domain – we must both support and challenge each other in order to enhance our multicultural competence.
- Diversity is a multifaceted construct, and intersectionality of diverse identities must always be considered.

- As mental health providers, we are in a unique position to combat inequality and oppression by providing culturally competent services to those with diverse identities, as well as addressing discriminatory beliefs expressed by our patients.
- In order to most effectively serve the needs of diverse patients, we must attend to our own identities, assumptions and biases, as well as their interaction with those we are working with.
- **ALANAS**
VA Boston training programs have a formal relationship with the Harvard Medical School Department of Psychiatry's ALANAS Mentoring Program for African-American, Latinx, Asian, Native American or those who identify with a sexual or gender minority group (ALANAS). The ALANAS program involves psychology trainees from all of the Harvard training sites in the Boston area. Participation in the program is voluntary and provides a unique opportunity for persons of color to meet for personal and professional growth.

As of this writing, Harvard is actively forming a selection committee (including VABHS staff) for the Director position, as the most recently appointed lead has taken a new role outside of Harvard.

SUPPORT SERVICES

There are a wide variety of support services available to the Fellow.

The Medical Center's excellent Medical Library has branches in two of the campuses. In addition to extensive journal and reference collections, the library provides the capacity for computer generated literature searches and is able to obtain materials from regional university libraries, the Harvard Medical School Library and other VA Medical Centers. The Medical Library is also able to locate and borrow video training materials.

The Fellow has access to personal computers at all three Divisions.

If needed, childcare is available at the Tyke Site at the Brockton Division, Small World at the Jamaica Plain Division, and Small World Too at the West Roxbury Division. These are nondiscriminatory, nonprofit, on-site childcare facilities licensed to serve children between the ages of 3 months to 6 years of age.

RESEARCH ACTIVITIES

Research is an integral part of the overall VA Boston Healthcare System's mission and plays a key role in enhancing the healthcare services provided to our veteran population. The total Research and Development Program for the three campuses, Brockton, West Roxbury and Jamaica Plain, is one of the largest and most active in the VA system. In recent years, total intramural VA funding has been in the range of \$15 million. Extramural research funding from other federal agencies, such as NIH and DOD, private proprietary companies, voluntary agencies and foundations have added another \$10 – 12 million per year. As a referral center for neuro-psychiatric disorders, the Brockton campus has major research efforts in the neurophysiology of mental illnesses, problems in alcoholism and sleep problems associated with many mental disorders. The research interests at the West Roxbury campus, as the acute tertiary care division, spans several fields, with a strong focus on gastrointestinal disorders, cardiology and cardiovascular diseases, hematology, pulmonary medicine, urology, neurology, and spinal cord injury. At

the Jamaica Plain campus in conjunction with the Boston Outpatient Clinic, there are significant research projects on substance abuse, hemostasis, aphasia, language and memory disorders, PTSD, and infectious diseases, among others. Investigators at both the Brockton campus and the Jamaica Plain campus have been participating in a major VA cooperative studies trial on the National Health Survey of Persian Gulf War Veterans and their families. There are several special emphasis programs and research centers at the VA Boston Healthcare System, including the Massachusetts Epidemiology Research and Information Center, the Normative Aging Study, the Dental Longitudinal Study, NIDA/VA Medication Development Center, and two National Centers for PTSD. As mentioned above, The Translational Research Center for TBI and Stress Disorders (TRACTS) is a VA Research and Development Center of Excellence mandated to advance the diagnosis and treatment of the commonly co-occurring conditions of PTSD and Mild Traumatic Brain Injury in OEF/OIF Veterans. There are also several programs in the area of Rehabilitation Research and Development and Health Services Research and Development, with the VA's HSR&D Management Decision and Research Center, located at the Jamaica Plain Campus.

LIVING ENVIRONMENT / COST OF LIVING

The nature of the Greater Boston area and the location of the different Medical Centers provide the Fellow the opportunity to choose from a variety of settings. The West Roxbury and Jamaica Plain divisions, several miles apart from one another, are within the city of Boston. The Brockton division is south of Boston along Route 24. The City of Providence, located less than an hour's drive, is accessible via major highways from either division. There is a shuttle service between the three Divisions that operates throughout the working day. It is possible for the Fellow to live in or close to Boston and be part of an urban lifestyle.

No matter which setting the Fellow chooses, the cultural, educational, and recreational activities of Boston and New England are easily accessible. Boston, known for its arts, history, and educational institutions, is little more than a half-hour from Brockton by car at non-peak hours. There are also many forms of public transportation available into the city. The commuter rail makes it is easy to get in and out of Boston to see a play, visit a museum, or experience the flavor of the city's diverse ethnic groups. The New England region is attractive, varied, and readily accessible by car. The Berkshires, Cape Cod, Rhode Island, southern Maine, New Hampshire, and Vermont are all easily visited as day trips. A trip to the beach, the mountains, Gillette Stadium (New England Revolution and New England Patriots), Fenway Park (Boston Red Sox), the TD Garden (Boston Celtics and Boston Bruins), or Boston's many museums offers the Fellow an opportunity for a change of pace while staying close to home.

Fellowship often means relocation not only for the Fellow but also for a partner. A wide range of educational opportunities are available at the many colleges and universities in the Greater Boston area, including Harvard University, Boston University, M.I.T., College of the Holy Cross, Boston College, Northeastern University, Clark University, Brown University, University of Rhode Island, and University of Massachusetts Boston. In addition to full-time study at the main campuses, there are many satellite, evening or part-time programs available. The job market is relatively good for significant others who may be looking for employment during the Fellowship year.

We do understand that housing costs in or near Boston are quite high and that this is a significant consideration when applying to or considering a training year in the Boston area, particularly given the trainee salary. However, we do have trainees who make it work every year through various means. This includes choosing to live in neighborhoods that are relatively less costly (e.g., Allston/Brighton, Medford,

Quincy) and/or finding a roommate(s). In particular, trainees who have moved here on their own frequently live with roommates and have found this is a great way to cut costs and make friends in the area. It may also be possible to share an apartment with other incoming trainee(s) moving to the area from another place. Other trainees have received help from partners/spouses and/or family or used personal savings. It is also very easy to navigate Boston without a car given the extensive MBTA system (particularly for JP based trainees), which allows you to save on insurance and gas. All our trainees who use public transportation to commute to and from work are eligible for the federal transit benefit program, which subsidizes the cost of purchasing an MBTA pass often up to the full cost of commuting. Finally, our facility offers on-site parking at all our locations at no extra charge. We understand that cost of living is a significant factor in determining where to complete a training year, and we are happy to answer questions and/or discuss this further with you during the interview day. Additionally, our trainees are more than happy to discuss their experiences living in Boston on a trainee salary.

HOURS, STIPEND, AND BENEFITS

- All Fellows receive a full stipend – no Fellow is accepted on a Without Compensation (WOC) status.
- All Fellows are admitted into the full-time training programs.
- The Postdoctoral Fellowship requires that Clinical Neuropsychology Fellows must complete 2080 training hours annually for each of the two years for a total of 4160 hours.
- The current stipend for a first-year postdoctoral Fellow is **\$51,257** before taxes. The current stipend for a second-year Fellow is **\$54,027** before taxes.
- Fellows are eligible for health insurance at a reduced cost.
- No funds are available for relocation.
- It is anticipated that Fellows will receive training appointments at Boston University School of Medicine and at Harvard Medical School during the training year.
- Benefits include 11 paid holidays, 13 days of annual leave (vacation) and, if needed, 13 days of sick leave. Finally, Fellows are given up to 64 hours of paid educational leave to attend conferences, major professional meetings, and symposia. Upon completion of the year of training, Fellows are eligible to enter Federal Service at the grade of GS-12. Trainees are eligible for the transit benefit, as well.
- The Federal Tort Claims Act applies to Fellows regarding the practice of psychological services and their own personal injuries that occur while on the job at the VA.

APA ACCREDITATION

Both training programs of the VA Boston Psychology Postdoctoral Fellowship Training Program are accredited by APA. Our next Site Visit will be in 2024.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street NE
Washington, DC 20002
Phone: 202-336-5979
E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

ELIGIBILITY

ELIGIBILITY REQUIREMENTS FOR CLINICAL NEUROPSYCHOLOGY FELLOWSHIP PROGRAM

1. All information about VA eligibility requirements is available at:
<http://www.psychologytraining.va.gov/eligibility.asp>
2. **U.S. citizenship.** VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
3. Have received a Doctorate from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science Program. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
4. Have completed an internship program accredited by the APA or CPA. The only exception regarding accreditation is for those who complete a new VA internship that is not yet accredited.
5. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
6. Fellows are subject to fingerprinting and background checks. Appointment decisions are contingent on passing these screens.
7. VA conducts drug screening exams on randomly selected personnel as well as new employees. Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees. Please be advised: Although the recreational and medical use of marijuana is legal in Massachusetts and some other states, it is not legal at federal facilities. Thus, we cannot employ anyone who tests positive for marijuana.

For additional information regarding the “VA Drug-Free Workplace Program,” please see https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf

8. ***The Department of Veterans Affairs, like all federal government agencies, has mandated that all employees and trainees be fully vaccinated for COVID-19 as a condition of employment. Trainees may request a medical or religious exemption from the COVID-19 vaccine.***

APPLICATION PROCESS

The VA Boston Healthcare System, in which our training program resides, is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences.

We have a strong commitment to providing high-quality training in culturally-informed clinical care, to attracting Fellows from diverse backgrounds, and to creating an inclusive and welcoming training culture. Our patient population is diverse, and Fellows will have opportunities to work with Veterans with diverse identities, including Veterans of Color and LGBTQ+ veterans. Applications are welcome from candidates committed to culturally-responsive care. We also welcome applications from candidates from diverse backgrounds, including those traditionally underrepresented in psychology. If you would like to let us know more about your lived and/or professional experience related to diversity and culturally-informed care, we encourage you to include a brief sentence or two about this in *your personal statement*.

The VA Boston Psychology Postdoctoral Fellowship Program evaluates the following criteria when selecting applicants to the ***Clinical Neuropsychology Program***:

- Breadth and quality of prior general clinical or counseling training;
- Quality of previous neuropsychology experience;
- Quality of experience with a diverse patient population and provision of care from a culturally competent framework;
- Quality and scope of research productivity;
- Evidence of personal maturity and accomplishments;
- A clear, thoughtful, and meaningful writing style in application materials;
- Goodness of fit between the applicant’s professional goals and program training objectives;
- Strength of letters of recommendation;

In keeping with our program orientation, we strongly prefer applicants from university based graduate programs that have a scientist-practitioner or clinical scientist orientation.

Applications are reviewed for eligibility after all materials are received. Applications are then distributed to Dr. Grande and supervising faculty for review and evaluation. Virtual interviews are offered to select candidates (see additional information below).

Applicants are extended offers based on their written application materials and interview presentation.

APPLICATION MATERIALS

Application materials are due by midnight EST on Wednesday, December 1st, 2021. All applications must be submitted via APPA CAS, except under unusual circumstances and with consultation from Dr. Silberbogen. VA Boston has two portals through APPA CAS: one in Clinical Psychology and one in Clinical Neuropsychology. If you are applying to both programs (*i.e.*, an interest in Geropsychology and Neuropsychology), you will apply through both portals and be charged two application fees.

Please read and follow instructions carefully and prepare the following:

1. A personal statement, containing the following information:
 - a. The history of your interest;
 - b. Any relevant educational, clinical, and/or research experiences;
 - c. A description of how you integrate diversity and culture in your clinical practice, scholarly efforts, or other professional domains.
 - d. A self-assessment of your training needs and goals for the fellowship;
 - e. A statement of your career goals.
2. A detailed Curriculum Vita.
3. An official transcript of graduate work. We do not require transcripts from your undergraduate school. Please work to ensure that your official transcripts are mailed directly from your graduate program to APPA CAS **with enough time** that your application is complete by the deadline.
4. Three letters of recommendation - one from a faculty member personally familiar with your graduate school performance and at least one from a primary clinical supervisor during the pre-doctoral internship.
5. **Two de-identified neuropsychological assessments.** These should be uploaded under the Document Section. Please make sure that the report is de-identified according to HIPAA standards: [Click here.](#)

VIRTUAL INTERVIEW DAYS

Given the economic burden of traveling, we have always offered virtual interviews at VA Boston and have routinely extended offers to postdoctoral applicants who have chosen to do remote interviews. However, as a result of the COVID pandemic, we switched to fully virtual interviews for the 2021-2022 recruitment season and plan on **only** offering virtual interviews in the future. In addition to the health and safety concerns related to COVID-19, we believe that it is an issue of social justice and that in person interviews result in a significant and unnecessary financial burden to applicants. Therefore, no on-site interviews will be offered or permitted, to ensure a level playing field and to reduce pressure that applicants might experience. Our virtual interview days (which will be held over Zoom) will include an overview of our training model and program, a presentation by our Psychology Diversity and Inclusion Committee, individual interviews with supervisors, and a meeting with current postdoctoral Fellows. We also have some video content to help you get to know us better.

We are planning on the following dates (see below) to offer as remote interviews. Applicants who are invited for interviews will be given up to two weeks' notice prior to committing to a virtual interview day. Additionally, we will be attending to time zones and offering interview times that accommodate our West Coast and Hawaii applicants. Additional information will be provided regarding scheduling directly to applicants invited for interviews, including requests for accommodations related to medical concerns, nursing, etc.

Planned virtual interview dates (subject to change with notice to applicants selected for interviews):

✓ **Tuesday, January 11, 2022**

✓ **Thursday, January 13, 2022**

PROCESS

We make every effort to keep our review process timely and to keep candidates well informed of their status throughout the selection period. VA Boston's Neuropsychology program is not participating in the APPCN match and is exempt from following APPIC Guidelines. We anticipate making offers when we have completed interviews and/or when an appropriate candidate is identified. If an offer is extended to you, you can hold an offer for up to 24 hours.

We encourage you to be in contact with us if you have questions about your status or receive an offer from a less preferred program; unlike internship recruitment (where expressing interest or asking for information about status is disallowed), we would like for you to inquire about your status so that you have all the information you need in order to make a decision about the next step in your professional career). We understand that accepting a fellowship is a significant decision in one's professional development and will make every effort to support applicants in making decisions about their candidacy at VA Boston. We will notify applicants when they are no longer under consideration or when all positions they have applied to have been filled.

STATEMENT OF NONDISCRIMINATION

The VA Boston Psychology Postdoctoral Fellowship Training Program is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, color, national origin, ancestry, handicap, marital status, arrest and court record, sexual orientation, and veteran status. Our policy covers admission and access to, and participation, treatment, and employment in, all programs and activities.

IF AN OFFER IS EXTENDED:

- **Doctoral Degree Requirement:** All offers of acceptance for a postdoctoral position within the VA Boston Psychology Postdoctoral Fellowship Program are strictly contingent upon applicants having completed all requirements (clinical, academic, and administrative) for the doctoral degree. In other words, you cannot start a Postdoctoral Fellowship if you are not “postdoctoral”, including graduate school approval of your dissertation.
 - If an offer is extended, you will be informed that you must provide evidence that you have completed all academic requirements no later than July 1, 2022. This can take the form of a copy of the diploma or a written attestation of such from your University Department Chair. If you have not defended your dissertation by July 1, 2022, we will also accept documentation from your Department Chair or Dissertation Advisor confirming your defense date prior to the fellowship program start date.
 - If you have not completed all your requirements by July 1, you may request an extension. If, at the end of the extension you have not received the doctoral degree, or if the Fellowship does not initially agree to the extension, the offer of acceptance is withdrawn and considered null and void. At such time, the search process may be re-opened and you may re-apply without prejudice. The search will continue until such time as the position is filled or is cancelled.
 - One exception to this policy is in the case of an applicant who has completed all the requirements (academic and administrative, including dissertation) for the doctoral degree with the exception of an internship ending between July 1 and the fellowship start date. In such case, an extension will be granted.
 - Fellows have raised the issue of a graduation date that occurs after the start of the Fellowship year. OAA policy is that the completion of all academic (including university acceptance of dissertation), clinical (including internship), and administrative (departmental chair approval) qualifies the candidate to begin the Fellowship. In other words, it is fine if your graduation date occurs after August 2022 as long as you can provide documentation that you have completed all academic, clinical, and administrative responsibilities. The fellow is responsible for looking into how this intersects with state specific licensing board regulations.
- **ACCEPTANCE OF A POSITION IS BINDING:** Acceptance of a postdoctoral position is considered a binding professional commitment. It is expected that if you accept a postdoctoral position, you will no longer be pursuing other employment or training opportunities. There are very few circumstances which would release you from this binding agreement, given the significant consequences for programs, other applicants, and yourself.

Please contact Amy Silberbogen, Ph.D., ABPP, (amy.silberbogen@va.gov) or Laura Grande, Ph.D., ABPP/cn (laura.grande@va.gov) if you have any questions about postdoctoral training at VA Boston. We would be happy to hear from you!

Current Postdoctoral Fellows

Mirjana Ivanisevic, Ph.D.

University of Kansas

Class of 2020-2022

Second Year Neuropsychology Postdoctoral Fellow

Danielle Shaked, Ph.D.

University of Maryland, Baltimore

Class of 2020-2022

Second Year Neuropsychology Postdoctoral Fellow

Martina Azar, Ph.D.

Drexel University

Class of 2021 - 2023

First Year Neuropsychology Postdoctoral Fellow

Mary Kathryn Franchetti, Ph.D.

University of Arizona

Class of 2021 - 2023

First Year Neuropsychology Postdoctoral Fellow

RECENT FELLOWS FIRST POST- FELLOWSHIP POSITION

CLASS OF 2019 - 2021

Elizabeth Craun, Ph.D.

Clinical Neuropsychologist
Intermountain Medical Center
Salt Lake City, Utah

Leigh Colvin, Ph.D.

Clinical Neuropsychologist
VA Manhattan Healthcare System
New York City, New York

CLASS OF 2018 - 2020

Amanda Brunette, Ph.D.

Clinical Neuropsychologist
University of Kansas Health System
Kansas City, Kansas

Ginger Mills, Psy.D.

Clinical Neuropsychologist
Hartford Healthcare
Stamford, Connecticut

CLASS OF 2017 - 2019

Nicole Hegberg, Ph.D.

Clinical Neuropsychologist
Richmond VA Medical Center
Richmond, Virginia

Sarah Rycroft, Ph.D.

Clinical Neuropsychologist
Commonwealth Psychology Associates
Boston Massachusetts

CLASS OF 2016 - 2019

Shawna Jacob, Ph.D.

Assistant Professor - Department of Psychology
University of Cincinnati
Cincinnati, Ohio

CLASS OF 2015- 2017

Vanessa D'Orio, Ph.D.

Clinical Neuropsychologist
North Shore Medical Center
Beverly, Massachusetts
Sports Concussion New England
Brookline, Massachusetts

CLASS OF 2014- 2016

Deborah Green, Ph.D.

Clinical Neuropsychologist
Brigham and Women's Hospital
Boston, Massachusetts

CLASS OF 2013- 2015

Matthew Grilli, Ph.D.

Assistant Professor - Department of Psychology
University of Arizona
Tempe, Arizona